



## LOS ANGELES COUNTY YOUTH JOBS PROGRAM WORKSITE CHECKLIST

WORKSITE INFORMATION	
Agency Name:	Agency Representative:
Worksite Name:	Worksite Address:
Worksite Supervisor:	Review Date:

WORKSITE ORIENTATION REQUIREMENTS	
Worksite Orientation Provided on:	ADA checklist provided on:
Emergency Plan Requirement met on:	

AMERICANS WITH DISABILITIES ACT	
<b>ADA Checklist for Existing Facilities</b>	
The worksite must be in compliance with the four priorities below. <i>Use the current ADA Checklist (version 2.1 Revised August 1995) as a guide to determine if the following criteria is met:</i>	
Priority 1: Accessible approach and entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Priority 2: Access to goods and services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Priority 3: Access to rest rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Priority 4: Any other measures necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b><i>For Technical Assistance on how to use the ADA Checklist you may call 1-800-949-4ADA.</i></b>	

HEALTH & SAFETY	
<b>I. General</b>	
1. Workplace is clean and orderly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Are floors clean? Are aisles, hallways and exits unobstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Are floor surfaces dry and free of slip hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. Are stairways, sidewalks and ramps in need of repair? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Is lighting adequate in all common areas and workstations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Are emergency evacuation plans clearly posted at every stairway and elevator landing, and inside all public entrances to the building? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7. Are all containers, including non-hazardous chemicals and wastes, labeled with the full chemical or trade name? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8. Are stored materials secure and limited in height to prevent collapse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9. Is there a 36" clearance maintained for electrical panels? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10. Are electrical cords and plugs in good condition with proper grounding? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11. Are extension cords and power strips used appropriately? (e.g. Not daisy chained and No permanent extension cords in use.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Do portable electric heaters have at least 3 feet of clearance from combustible materials (e.g. paper)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13. Does equipment and machines work properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14. Are machines and other equipment in a clean condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15. Is adequate ventilation provided to machines to preventing buildup of heat or gas emissions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16. Are emergency stop switches on machines identified and in proper working order? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17. Are mechanical safeguards in place and in proper working order (e.g. paper cutter guards)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

## II. Fire

1. Are emergency exit signs lit properly? ☐ Yes ☐ No ☐ N/A
2. Are fire alarms and fire extinguishers visible and accessible? ☐ Yes ☐ No ☐ N/A
3. Are fire doors (e.g. in stairways) kept closed unless equipped with automatic closing device?  
☐ Yes ☐ No ☐ N/A
4. 18" vertical clearance is maintained below all sprinkler heads. ☐ Yes ☐ No ☐ N/A
5. Fire extinguishers are serviced annually. ☐ Yes ☐ No ☐ N/A
6. Corridors and stairways are kept free of obstruction and not used for storage. ☐ Yes ☐ No ☐ N/A
7. Fire safety plan and procedures ☐ Yes ☐ No ☐ N/A

## III. Earthquake

1. Are bookcases, filing cabinets, shelves, racks, cages, storage cabinets and similar items over 4 feet tall anchored to the wall? ☐ Yes ☐ No ☐ N/A
2. Do shelves have lips or other seismic restraints? ☐ Yes ☐ No ☐ N/A
3. Are portable machines or equipment secured against movement using chains, lockable casters, or other appropriate means? ☐ Yes ☐ No ☐ N/A
4. Is top-heavy equipment bolted down or secured to wall studs? ☐ Yes ☐ No ☐ N/A
5. Are large and heavy objects stored on lower shelves or storage areas? ☐ Yes ☐ No ☐ N/A
6. Is valuable equipment sensitive to shock damage, such as instruments, computer disks and glassware stored in latched cabinets or otherwise secured to prevent falling? ☐ Yes ☐ No ☐ N/A
7. Are storage areas uncluttered providing clear passages in the event of an emergency?  
☐ Yes ☐ No ☐ N/A
8. Are cabinets and lockers containing hazardous materials equipped with positive latching or sliding doors?  
☐ Yes ☐ No ☐ N/A

## REQUIRED WORKPLACE POSTINGS

*The following signs are required to be posted in clear view. (Child Labor Laws 2000)*

1. A **Minimum Wage poster** available from any Division office or the Industrial Welfare Commission.  
☐ Yes ☐ No
2. A **Pay Day Notice** specifying the regular pay days and the time and place of payment for employees [LC 207]. (Employers may make their own notice. A sample notice can be obtained from any Division of Labor Standards Enforcement office.) ☐ Yes ☐ No
3. A **Cal/OSHA Safety Rules and Regulations notice** available from the Division of Occupational Safety and Health [LC 6328]. ☐ Yes ☐ No
4. A **Workers' Compensation Insurance Coverage notice** available from the employer's workers' compensation insurance carrier [LC 3550]. ☐ Yes ☐ No
5. **Equal Opportunity Is the Law Posting** ☐ Yes ☐ No

## CERTIFICATION OF REVIEW

***I confirm that I have reviewed and discussed all worksite requirements as contained in this checklist with the identified worksite supervisor or authorized representative.***

\_\_\_\_\_  
**AGENCY REPRESENTATIVE SIGNATURE**

\_\_\_\_\_  
**AGENCY REPRESENTATIVE PRINT NAME**

Date: \_\_\_\_\_

Revised 09/02/16